

Section N

System Specifications

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Agency Claim Number/Jurisdiction Claim Number (JCN)

The Agency Claim Number is most often referred to as the Jurisdiction Claim Number (JCN). The JCN is a random **12 or 22** digit number created by WCIS that uniquely identifies the claim. It is provided to the claims administrator on their acknowledgment of the First Report. The JCN requirements have been relaxed so that other data match elements such as Insurer FEIN (DN6), Third Party Administrator FEIN (DN8) and Claim Administrator Claim Number (DN15) may be used in place of the JCN under specific circumstances.

The WCIS system was revised in July, 2004 and creates a **22 digit JCN**. The old WCIS system created a 12 digit JCN. The revised system is backwards compatible and will continue to accept the 12 digit JCN for claims originally reported to the old system. **All new claims reported to the revised system will receive a 22 digit JCN.**

Changed or Corrected Data

The WCIS regulations require each claim administrator to submit to WCIS any changed or corrected data elements. Changed or corrected data for a claim are due by the time of the next submission for the claim. Correction reports (MTC=CO) are sent in response to an error message from WCIS. Change Reports (MTC=02) are sent when the claim administrator becomes aware that the value of a data element has changed, e.g., Employee Address. If a claim administrator needs to make changes to some data elements while making corrections to other elements for a given claim, these can be combined on either a change or correction report with identical results.

When submitting a change or correction report, the claim administrator should resubmit all known data elements, not just the data elements being changed or corrected. Data elements missing in a resubmission will not cause valid data already existing in the database to be overwritten; however the claim administrator will receive errors if the missing data elements are necessary for validation purposes. For example, if the Employee Date of Birth is absent on the change or correction report, WCIS will not delete the Date of Birth stored in the WCIS database, but the claim administrator will receive an error for having a mandatory data element missing.

Transaction Processing and Sequencing

General Rules

The WCIS processes batches within a transmission and transactions within a batch in the order in which they are received. If submitting more than one transaction for a single claim in the same batch or transmission, it is important that WCIS receive the transactions in the proper sequence. Transactions should be submitted in logical business order or in the order they were entered into the claim administrator's system, according to the following general rules:

- The First Report for a claim must be submitted and processed by WCIS before any Subsequent Reports are submitted for the claim. Subsequent Reports sent before the corresponding First Report has been received by WCIS will be rejected.

First Report and Subsequent Report transactions must be submitted in separate batches by default. Combining First and Subsequent Reports in a batch is impossible because the two types of reports have different field layouts. If a First Report batch and Subsequent Report batch with the same claims are submitted to WCIS on the same day, the Subsequent Reports may be rejected. The WCIS will not automatically process the First Reports first. In order to avoid sequencing errors with First and Subsequent reports it is best to submit the reports on separate days.

- Incoming transactions with Maintenance Type Code (MTC) dates, DN 3, that are later than the current processing date (system date) will be rejected. For example, a transaction with an MTC date of 11-01-03 that is processed on 10-31-03 will be rejected. In addition, the MTC date must be between '1900' and the current date.

If the claim administrator is not sure of the business order, the following general sort orders are suggested:

- Primary sort order is MTC date. Multiple transactions for a claim should be sorted by MTC date so that WCIS processes the oldest MTC date first. This will help avoid unnecessary sequencing errors.
- Secondary sort order is MTC code. MTC codes should be sorted in business event order. See the next sections for further explanations specific to First Reports and Subsequent Reports.

First Reports

This section is intended to aid you in understanding the general sequence or order in which Maintenance Type Codes may be used to report claim events for First Reports. Maintenance Type Codes are used to define the specific purpose of a transaction. There are two types of First Report Maintenance Type Codes, initial First Reports, the very first report sent; and other First Reports, not the initial first report sent. Some Maintenance Type Codes belong in both groups; they can be the initial First Report sent or they can be sent after the initial First Report. Some Maintenance Type Codes can only be other First Reports and must be preceded by an initial First Report. First Report Maintenance Type Codes are grouped in the following tables to clarify their purpose and to demonstrate a logical order for their use. If transactions for a claim are not received in the proper sequence, whether they are submitted in one transmission or several, they will be rejected. If transactions are rejected due to processing/sequencing errors, then the claim administrator is responsible for resubmitting the transactions.

Initial First Reports: These Maintenance Type Codes are used to report new claims. One of these Maintenance Type Codes must be the initial First Report sent to WCIS.

MTC Code	MTC Name
00	Original
04	Denial
AU	Acquired/Unallocated

Other First Reports: After the initial First Report has been filed, the following First Report Maintenance Type Codes can be submitted to reflect/report additional information about the claim not known at the time of original reporting.

MTC Code	MTC Name
01	Cancel
02	Change
04	Denial
CO	Correction

First Report Transaction Sequencing Requirements Summary

MTC	Description	Type	Sequence Requirements
00	Original	Initial	No previous accepted transaction
AU	Acquired/Unallocated	Initial	None
04	Denial	Initial	None
01	Cancel	Other	Must follow <u>initial</u> First Report.
CO	Correction	Other	Must follow <u>initial</u> First Report
02	Change	Other	Must follow <u>initial</u> First Report

Subsequent Reports

For Subsequent Reports, each Maintenance Type Code identifies a Benefit Event – an action occurring on one or more benefit types. Benefit Events are of three main types: (1) Open Benefits: the claim administrator is starting to pay ongoing benefits; (2) Close Benefits: the claim administrator is suspending ongoing benefit payments; (3) Update Benefit: the claim administrator is reporting a change to a benefit period that has already been reported to WCIS. In the tables below, Maintenance Type Codes are grouped by the Benefit Event Type or the action that is being performed on the benefit. The transaction sequencing rules in the next section are applied at the Benefit Event Type level and not the specific Maintenance Type Code.

Open Benefits: These Maintenance Type Codes are used to report the start of a benefit period.

MTC Code	MTC Name
IP	Initial Payment
AP	Acquired Payment
FS	Full Salary
RB	Reinstatement of Benefits
CB	Change Benefit

Close Benefits: These Maintenance Type Codes are used to report the ending of a benefit period.

MTC Code	MTC Name
PJ, P1-9	Partial Suspension
SJ, S1-9	Suspension
04	Denial
4P	Partial Denial
CB	Change Benefit
CD	Compensatory Death*

*CD automatically closes all open indemnity benefits.

Update Benefits: These Maintenance Type Codes are used to report an update to a previously reported benefit period.

MTC Code	MTC Name
CA	Change in Benefit Amount
RE	Reduced Earnings
02	Change
CO	Correction

Other: These Maintenance Type codes don't fall into the above categories. They don't open, close, or update benefits in the same manner as other Maintenance Type Codes, because (1) the MTC reports single payments rather than the payment of ongoing benefits (PY), or (2) the MTC has specific jurisdictional uses (UR).

MTC Code	MTC Name
PY	Payment Report
UR	Upon Request

NOTE:

Only one IP transaction for the same Claim Number will be allowed.

Periodic Reports:

Periodic reports are required for every claim with any benefit type including medical. Periodic Reports are not used to report that a benefit period is opening, closing, or being updated. Rather, they are sent at a specific time in the life of a claim to report the amount paid for all benefit types and other benefit types through that date.

MTC Code	MTC Name
AN	Annual
FN	Final

For non-indemnity claims, i.e., claims without indemnity payments, a sufficient final report would be the Annual transaction (AN) with the Claim Status (DN73) set to closed. A Final transaction (FN) need not be sent.

NOTE:

- If submitting ANs in ANSI X12 format, be sure to include the proper ANSI frequency code. If you have any questions, contact your EDI liaison.
- Annual and Final transactions must contain at least one type of benefit payment.

Transaction Sequencing Requirements for Subsequent Reports

A general principle for WCIS is that we only want to collect data that we can interpret. To assure this, Subsequent Reports are automatically subjected to a set of sequencing rules and related business rules when processed by WCIS.

The sequencing requirements for Subsequent Reports are given in the table below. Most sequencing rules operate at the level of benefit-type events. Additionally, the Benefit Type Code of the incoming benefit event is used to determine proper sequencing of Subsequent Reports. For example, if a period of temporary disability is currently open and already being paid, a new period of temporary disability cannot be started. Also, if a benefit period of temporary disability was started and then a suspension report was filed to close a benefit period of permanent disability, it would be rejected because the benefit period of permanent disability was never started.

Sequencing Rules

Benefit-Level MTC	Benefit Event Type	Benefit Event Processing Rules to Be Applied
IP, FS, AP, AB, RB, ER, CB	Open	Opens cannot follow opens for the same BTC.
S(x), P(x), CB, 04 or 4P	Close	Closes must follow opens for the same BTC.
CA, RE	Update (open)	Update (open) must follow open for the same BTC.
02, CO	Update	Allow All
AN, FN	Periodic	Allow all, except reject transaction if BTC(s) are present that have not been reported previously for this claim.
UR, PY, CD*	Other	Allow All

*CD automatically closes all open indemnity benefits.

Related Business Rules

Rules Specific to Transaction-Level MTC

These rules are applied at the transaction level of the Maintenance Type Code. If any of these rules are not met, the transaction will be rejected.

Transaction MTC	Rule
CB, RB, ER, AB (and MTCs 02, CO with benefit blocks present)	Must be preceded by at least one previous benefit event of any Payment/Adjustment Code (DN85).
FS	Must contain a benefit record with Payment/Adjustment Code (DN85) = 240 or 524
RE	Must contain a benefit record with Payment/Adjustment Code (DN85) = 070 (Temporary Partial) or = 410 (Vocational Rehabilitation Maintenance) (VRM).
FN	All previously reported benefit periods must be closed.
FN, AN	Must report all previously reported benefit codes. If any previously reported benefit codes are missing, the transaction will be rejected.
Any MTC not supported in Benefit Event Type Rules table (including VE)	Reject transaction.

Overall Transaction Structure Edits.

(1) No benefit blocks (or “other benefits”, credits, adjustments, or reduced earnings blocks) are expected for First Report of Injury Reports (transactions with Maintenance Type Codes 00, 01, or AU). The transaction will be rejected if benefit blocks are reported on the First Report.

(2) Benefit blocks within a transaction may not repeat the same benefit code. Transactions will be rejected if duplicate benefit codes are reported in the same transaction.

WCIS Matching Rules and Processes

Match Data for a Claim

Primary:

1. Agency Claim Number/Jurisdiction Claim Number, DN 5

Secondary Match for Reports OTHER THAN AU:

- 2a. Third Party Administrator FEIN (DN8), FEIN if provided, otherwise match on Insurer FEIN (DN6)
AND Claim Administrator Claim Number (DN15)

Alternative Secondary Match for AU:

- 2b. Date of Injury (DN31)
AND Nature of Injury Code (DN35)
AND Part of Body Injured Code (DN36)
AND Employee Last Name (DN43)
AND Employee First Name (DN44)

How WCIS Matches Incoming Transactions to Existing Claim Records

The WCIS uses the Jurisdiction Claim Number (JCN) as the primary means for matching transactions representing the same claim. Secondary match data will be used only if a JCN is not provided. For current JCN requirements please see Jurisdiction Claim Number earlier in this section.

Transactions that can never be initial First Reports (MTC = 01, 02, CO, and all subsequent reports) will be rejected if they cannot be matched to existing claims on the WCIS database. This matching is based on the JCN, if provided. Otherwise, secondary match data #2a (described above) will be used.

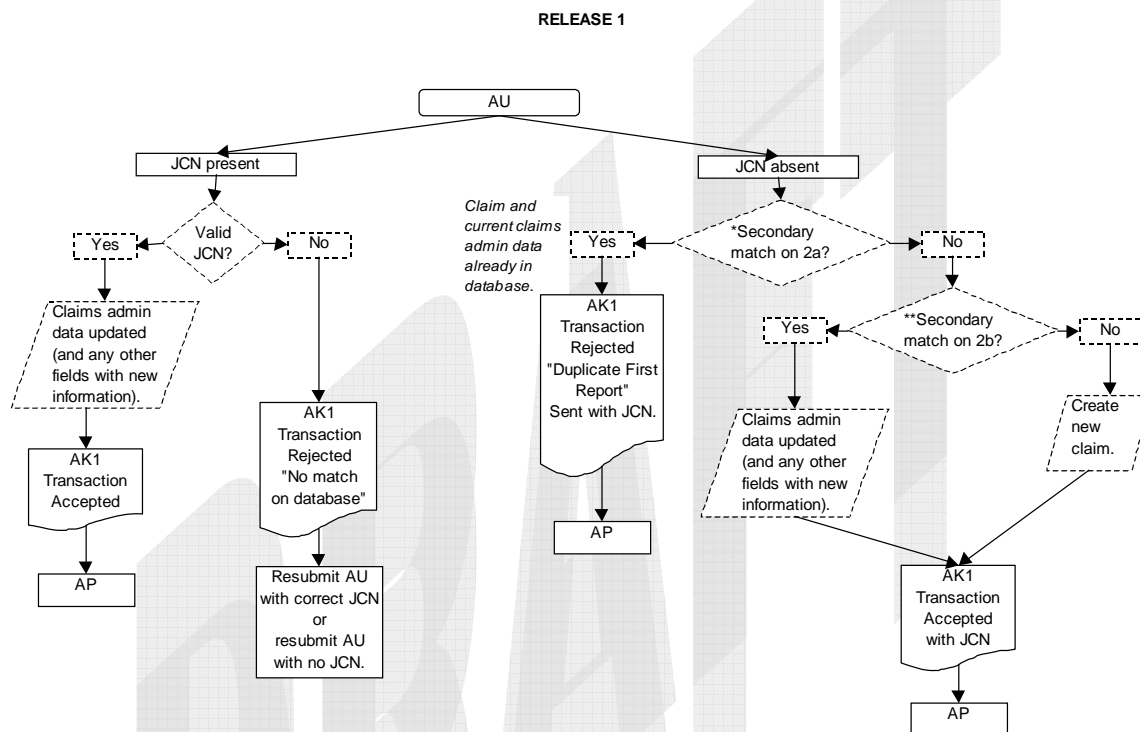
For transaction types that may or may not be initial First Reports (MTC = 00, 04), secondary match data is used to help avoid creation of duplicate records. Secondary match data #2a is used to prevent a given claim administrator from reporting multiple claims with the same Claim Administrator Claim Number.

The claim administrator can only change the data elements in match data #2a and #2b when a JCN is provided.

The case of a claim administrator acquiring existing claims from another administrator requires special handling. This is necessary because the claim administrator acquiring the claim may not know the JCN, and secondary match data #2a won't be useful for matching such transactions (because a new Third Party Administrator or Insurer FEIN and Claim Administrator Claim Number will generally be provided when transferring claim ownership). Therefore, for acquired reports (MTC=AU) only, the WCIS will use alternative match data #2b to determine if an AU transaction lacking the JCN matches to an existing claim on the database.

Acquired Claims

WCIS will support the transfer of claims from one claim administrator to another using the AU transaction. The AU will be processed as shown in the following chart.



Boxes with solid straight lines indicate a transmission from the Trading Partner to WCIS.
Boxes with a wavy bottom line indicate acknowledgements from WCIS to the Trading Partner.
Boxes with dashed lines - - - indicate processing performed by WCIS.

*Secondary match on 2a, fields:

1. Third Party Administrator FEIN (DN 8) if provided, otherwise match on Insurer FEIN (DN 6); AND
2. Claim Administrator Claim Number (DN 15)

**Secondary match on 2b, fields:

1. Date of Injury (DN 31); AND
2. Part of Body Injured Code (DN 36); AND
3. Nature of Injury Code (DN 35); AND
4. Employee First Name (DN 44); AND
5. Employee Last Name (DN 43)